OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

CAMPAIGN SPENDING COMMISSION

04 AUG -3 P2:43

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT CON LU (a) Candidate Name: (See the Schedule of Reporting Dates to complete this section) 1st Preliminary Primary Amended \sqsubseteq "Butch" 2nd Preliminary Primary (c) Mailing Address: Final Primary 96731 Preliminary General REPORTING PERIOD (d) Phone (Bus) 293-5243 Final Election Period through Jun. 30, 2 Treasurer's Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) **COLUMN A** COLUMN B **ELECTION PERIOD**² **TOTAL THIS PERIOD TOTAL TO DATE** Cash on Hand at the Beginning of the Election Period. 16.64 Cash on Hand at the Beginning of this Reporting Period..... Total Receipts (From Line 15)..... 200.0€ Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)...... 300 go Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... 183,36 Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).... 6. 16.64 Total Loans at the Closing of this Reporting Period..... Total Unpaid Expenditures at the Closing of this Reporting Period..... Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... 10. Surplus/Deficit (Subtract Line 9 from Line 6)..... I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(If Necessary, Complete Schedules A through E Before Completing This Section)

COLUMN A

RECEIPTS TOTAL THIS PERIOD

COLUMN B ELECTION PERIOD TOTAL TO DATE

neoen 13	TOTAL THIS PERIOD	TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less		~~ <i>-</i>	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100			11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))			11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	3∞°∂ mmmmmmm	3∞'c∂	11(6)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100			11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))	260.0 <u>0</u>	300°cs	1 1 (b) (iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	200. ⁰⁶	200.00	12
13. Public Funds and Other Receipts			13
14. Loans	-0-		14
15. Total Receipts (Add Lines 12 through 14)	200.00	200 00	15
DISBURSEMENTS			
16. Expenditures	183.36	/83.36	16
17. Loans Repaid or Forgiven			17
18. Unpaid Expenditures Paid or Forgiven		~ C~	18
19. Subtotal Disbursements (Add Lines 16 through 18)	183.36	183.36	19
20. Unpaid Expenditures			20
21. Total Disbursements (Add Lines 19 and 20)	183.36	/ 83.36	21
	<u> </u>		i

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CHECK ONLY ONE BOX	1
USE SEPA ATE SCHEDULE(S) FOR EACH CATEGORY BELOW	V
- INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE - COMMITTEES/POLITICAL PARTIES	\mathbf{C}_{t}

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

CANDIDATE	OR	CANDIDATE'S	IMMEDIATE	FAMILY

MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

ANDIDATE AI	ND CANDIDATE COMMITTEE NAME:	PAGE	OF	
DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
ON-MONETARY CONTRIBUTION	F A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD	ELECTION PERIOD TOTAL TO DATE
	NON-MONETARY CONTRIBUTION			
4/16	Gordan L. Tilley		100.00_	100 cc
	NON-MONETARY CONTRIBUTION			
6/18	Maraly Tilley		100 00	200,00
	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION			
2				
	NON-MONETARY CONTRIBUTION			······································
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	NON-MONETARY CONTRIBUTION			
AAA				
SUBTOTAL O	F MONETARY AND NON-MONETARY CONTRIBUTIONS TH	IS PERIOD (This Page)	200,°°	
TOTAL MONE	ETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOR Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)	OD (Last Page Only) (Transfer total	200 00	